



UTILIT	Y ACCOUNT #	

ACH ORIGINTION AGREEMENT

Name on Account (Please print):
Service Address:
Financial Institution:
Routing Number:
Bank Account Number:
Account Type: Checking or Savings Amount: Full Utility Bill Due
VOIDED CHECK GOES HERE:
I (we) authorize City of Montgomery ("Company") to initiate entries to my checking/savings accounts at the financial institution listed above (FINANCIAL INSTITUTION), and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until City of Montgomery is notified by me (us) in writing to cancel it in such time as to afford City of Montgomery and Financial institution a reasonable opportunity to act on it.
Signature: Date:
FOR CITY USE ONLY

Employee Signature: _____ Date: ____